

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130
 County Registrar No. _____
 Local Registrar No. _____

or
 City of Miami, Arizona No. 1101 Live Oak St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lauder S Bustment If child is not yet named, make supplemental report, as directed.

3. Sex of Child Girl To be answered ONLY in event of plural births. 4. Twin, triplet or other 1 5. Legitimacy _____ 6. Date of birth May 6 1925
 Month day year

8. FATHER
 Full name Juan Bustment
 9. Residence (Usual place of abode) yes
 10. nonresident, give place and state _____

10. Color or race Mexican 11. Age at last birthday 40 (Years)

12. Birthplace (city or place) (State or country) San Antonio

13. Occupation
 Nature of industry Farmer

14. MOTHER
 Full maiden name Leonica Vasquez
 15. Residence (Usual place of abode) _____
 If nonresident, give place and state yes

16. Color or race Mexican 17. Age at last birthday 39 (Years)

18. Birthplace (city or place) (State or country) San Antonio

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____
 (Taken as of time of birth of child herein certified and including this child.) 12 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 7:00 m. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
 Signature Helfina A. Ramirez (Physician or midwife)
 Address 115 Live Oak St

Given name added from a supplemental report _____ Filed May 5 1925 Nelson & Brayton
 Month, day, year. Local Registrar.

Registrar. Filed May 1 1925 County Registrar.

323-306-552